

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 420)

SERIAL NO. 10/P1187  
APPLICANT

FILING DATE

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER BY AMENDMENT								
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.
1			1				61						
2				1			62						
3				1			63						
4				1			64			1			
5				1			65				1		
6				1			66				1		
6				1			67			1			
7				1			68				1		
8				1			69				1		
9				1			70				1		
10				1			71				1		
11			1				72				1		
12				1			73				1		
13				1			74				1		
14				1			75				1		
15				1			76				1		
16				1			77				1		
16				1			78				1		
17				1			79				1		
18				1			80				1		
19				1			81				1		
20				1			82				1		
21				1			83				1		
22				1			84				1		
23				1			85				1		
24				1			86				1		
25				1			87				1		
26			1				88				1		
27				1			89				1		
28				1			90				1		
29				1			91				1		
30				1			92				1		
31			1				93				1		
32				1			94				1		
33				1			95				1		
34				1			96				1		
35				1			97				1		
36				1			98				1		
37				1			99				1		
38			1				100				1		
39				1									
40				1									
41				1									
42				1									
43				1									
44			1										
45				1									
46				1									
47				1									
48				1									
49				1									
50				1									
TOTAL NO.			12				TOTAL NO.						
TOTAL OFF.			108				TOTAL OFF.						
TOTAL			80				TOTAL						